MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEAT OCCUPATION is very impo Registration District No. Primary Registration District No. Registered No. 2. FULL NAME (a) Residence. No.,St.,Ward. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred 20 yrs. How long in U.S., if of foreign birth? stated EXACTLY. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX SINGLE, MARRIED, WIDOWED OR statement of 16. DATE OF DEATH (MONTH, DAY AND YEAR DIVORCED (write the word) 17. 5a. IF MARRIED, WIDOW HUSBAND OF death occurred, on the date stated above, at 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS DAYS If LESS than 1 MONTHS day,hrs. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work CONTRIBUTORY (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN IE NOT AT PLACE OF DEATH (STATE OR COUNTRY) 10. NAME OF FATHER N. B.—Every item of information al CAUSE OF DEATH in plain terms, WAS THERE AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWK) ARENTS (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER *State the Disease Carsing Death, or in deaths from Vigrent Causes, state 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) . (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or (STATE OR COUNTRY) HOMICIDAL. 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL REGISTRAR

JUN 19 1943